DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/09/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG 02		(X3) DATE SURVEY COMPLETED	
		49E004	B. WING			C 01/21/2016
	ROVIDER OR SUPPLIER O CO NURSING HOME			STREET ADDRESS, CITY, STATE, 1229 COUNTY FARM ROAD BEDFORD, VA 24523	ZIP CODE	01/21/2016
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD		
K 000	INITIAL COMMENTS Description of Struct story frame construct are covered with a or The interior ceiling is gypsum board protect There is a drop in acc rated ceiling in the cothe building. There are separated by two housenoke compartments requirements of the Lindown compartments of	ure: The facility is a one ion structure. Bearing walls he hour rated gypsum board. also a one hour rated ting the wood trusses. Dustical tile ceiling below the erridors and other areas in the four wings in the building ar fire barriers used for alization to meet the life Safety Code. Resident wings A, B, and C. The I, laundry, kitchen, boiler and physical therapy are (111) Sprinklered, NFPA 13 se heads. Inplaint investigation Life was conducted 01/21/2016 in code of Federal Regulation, ints for Long Term Care was surveyed for LSC 2000 New regulations.				ME JANE
	the result of a facsimi Department of Heath County Nursing Home of Bedford, Virginia.	tion survey was initiated as ile received by the Virginia regarding the Bedford e facility located the County A copy of the text of this				
_ABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE.	TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

program participation.

Facility ID: VA0026

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			SURVEY PLETED
		49E004	B. WING				C
NAME OF D	ROVIDER OR SUPPLIER	492004	B. WINO	6.	TREET ADDRESS, CITY, STATE, ZIP CODE	01/	/21/2016
NAME OF T	NOVIDEN ON 3011 EIEN				229 COUNTY FARM ROAD		
BEDFORE	CO NURSING HOME				EDFORD, VA 24523		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
K 000	Continued From pag	e 1	K	000			
	facsimile is included						
		20.011.					
	Home On 01/05/2016, at a fire alarm sounded.	Bedford County Nursing pproximately 4:45 am The The nurse checked the					
		d read the message, alerting					
		e. The nurse called 911 (our					
	1 -	se to call 911 in addition to call). Electrical smell and					
	1	ered in the hallway outside of					
	I .	Fire dept directed staff to					
	I .	at internal evacuation. 27					
	1 -	ved to Unit 2 dining area.					
	_	dept responded, and					
		nts to return to their rooms,					
		accomplished. Bedford					
	, -	in building and fire system					
	1 -	irs were made. Southern Air					
	1	and limit switches to the air					
		3. At time of Southern Air 2016, the unit was operating					
	properly.	20 ro, the unit was operating					
	' ' '	pproximately 5:25 am, the					
		vith notification on enunciator					
		3 duct. Nurse on unit called					
	1	re protocol. There was					
		smoke noted . Residents					
	(27) were relocated t	to Unit 2 dining area per					
	protocol. Facility Mai	ntenance notified and came					
	to facility. Fire depart						
	1 -	ed, and gave all clear to					
		to their rooms at 5:46 with					
	•	ns 307 and 309. These 2					
		ed, and then residents were					
		or had dissipated. The fire					
		fire department prior to their					
	departure.	d to the facility and identified					
		a to the facility after termined	1		1		1

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG 02		(X3) DATE SURVEY COMPLETED		
		49E004	B. WING _			C 01/21/2016	
NAME OF PROVIDER OR SUPPLIER BEDFORD CO NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1229 COUNTY FARM ROAD BEDFORD, VA 24523	,	01/21/2010	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	((EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
K 000	unit, on Unit 3 and or approximately 11:00 All systems are curred. There was no injury either of these event. This Surveyor invest. Thursday, January 2 this document regard and observation at the On 01/21/2016, at apinterviewed the facilit Maintenance director received the Incident had sent by facsimile of Health on January incident summary with have any additional of incidents. On 01/21/2016 at apconcluded the intervidirector and I then with incidents had occurred wing, one of three in Each patient room have the corridors and oth This is the unit that with incidents. At approximately 10: interview in the attict that services the unit maintenance director about the HVAC Unit manufactured by AAI.	ng issue in that air handling brrected the problem by am. ently in proper working order. so any staff or residents in s. igated the complaint on 1, 2016 and has prepared ling finding through interview he time of investigation.	KC				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING 02				(X3) DATE SURVEY COMPLETED	
			7 5		_	(0
		49E004	B. WING			01/	21/2016
	ROVIDER OR SUPPLIER D CO NURSING HOME		•	1	TREET ADDRESS, CITY, STATE, ZIP CODE 229 COUNTY FARM ROAD BEDFORD, VA 24523		
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K 000	three of the facility. If forcing the air across heats or cools the air source of energy is a The water is this loop the facility or the build unit. There is also a coil unit to further heat the heat coil unit correlements, which are the HVAC unit controller. One, two, or all three heating demand. Ear protected from overhis sensing limit switches coil unit housing. If the excess heat at the heat electrical power to the During interview, the provided the following the incidents on Januapparently called for to meet the heat demand was such that turned on and over a overheated, causing temperature sensing come in contact with coil unit, which produs moke in the unit 3 country the duct detector in the building fire alarm systems.	ed air to the corridor in unit The unit tempers the air by a coil unit which either . The coil unit 's primary hot/cold water supply loop. o is heated by the boilers in ding air conditioner chiller secondary electrical heat at temper the air as needed. Insists of three heat coil electrically energized by the The controller can energize of the elements to meet the ch of the heat coil units are eating by two temperature is located on the top of each the limit switch detects eat coil unit, it disrupts the the coil unit. maintenance director g information the regarding lary 5, 2016. The HVAC unit the secondary heat coil units hand in the building. The at all three heat coil units period of time they the insulation on the limit switches to melt and the hot metal housing of the ced a burring odor and orridor. This also activated the unit, which activated the	К	0000			

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		49E004	B. WING			C 01/21/2016	
NAME OF PROVIDER OR SUPPLIER				,	STREET ADDRESS, CITY, STATE, ZIP CODE	<u> U17.</u>	21/2016
					1229 COUNTY FARM ROAD		
BEDFORL	CO NURSING HOME			ı	BEDFORD, VA 24523		
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K 000	assistance from fire dall patients from unit to facility. Staff then init required by their eme remained in effect unit when the electrical issisolated and electrical building. A repair technician recreplaced the limit swit units and the damage was also repaired, who the wiring to the Hidisconnecting the ground the line voltage to the During interview, the provided the following 6, 2016 incident. The called for the secondate demand for heat in units overheated and to the number three econtact with the hot modor of something but three, activating the best Facility staff activated and moved all patient within the facility. A repair technician recreplaced the damage also checked the wiring finding that the wiring not wired to the correct.	uilding. Facility staff lergency plan and with lepartment personnel moved line to unit two within the liated a fire watch, as rgency plan. The fire watch lid approximately 7:30 AM, lid sue was identified and lid power was restored to the lessponded to the facility and liches on all three heat coil lied wiring. The ground fault lich was apparently caused VAC unit wiring lind to the unit, instead of less of the line of the l	K	000			

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		49E004	B. WING				C (24/2046	
NAME OF PROVIDER OR SUPPLIER BEDFORD CO NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1229 COUNTY FARM ROAD BEDFORD, VA 24523			/21/2016	
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